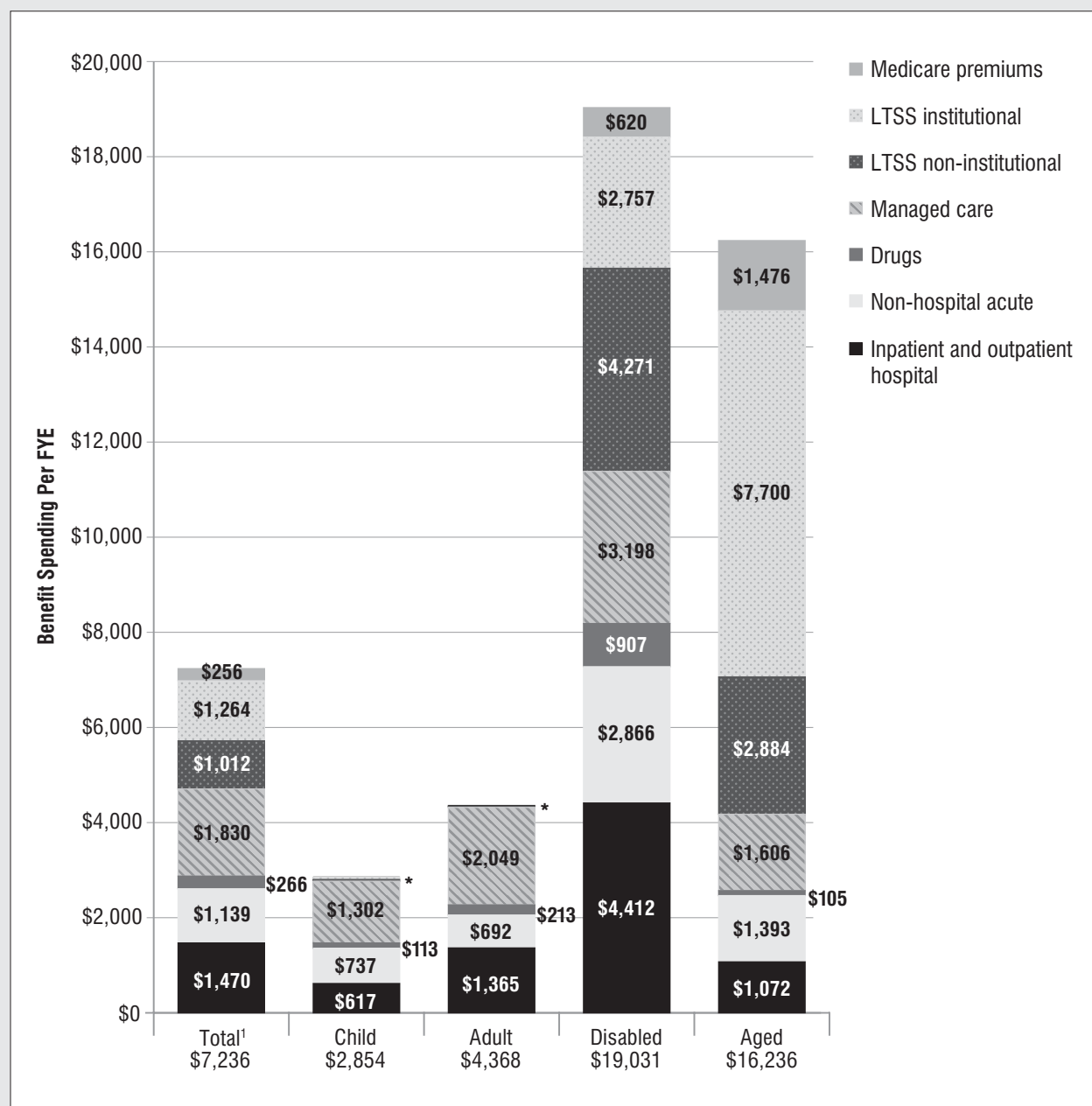


**FIGURE 4. Medicaid Benefit Spending Per Full-Year Equivalent (FYE) Enrollee by Eligibility Group and Service Category, FY 2011**



**Notes:** LTSS is long-term services and supports. Includes federal and state funds. Excludes spending for administration, the territories, and Medicaid-expansion CHIP enrollees. Children and adults under age 65 who qualify for Medicaid on the basis of a disability are included in the disabled category. About 706,000 enrollees age 65 and older are identified in the data as disabled; given that disability is not an eligibility pathway for individuals age 65 and older, MACPAC recodes these enrollees as aged. Amounts are fee for service unless otherwise noted, and they reflect all enrollees, including those with limited benefits (see Table 13 notes for more information). Benefit spending from Medicaid Statistical Information System (MSIS) data has been adjusted to reflect CMS-64 totals. Due to changes in both methods and data, figures shown here are not directly comparable to earlier years. With regard to methods, spending totals now exclude disproportionate share hospital (DSH) payments, which were previously included. In addition, due to the unavailability of several states' MSIS Annual Person Summary (APS) data for fiscal year (FY) 2011, which is the source used in prior editions of this table, MACPAC calculated spending and enrollment from the full MSIS data files that are used to create the APS files.

\* Values less than \$100 not shown.

<sup>1</sup> Maine (\$2.3 billion in benefit spending and 0.4 million enrollees) and Tennessee (\$7.9 billion in benefit spending and 1.5 million enrollees) were excluded due to MSIS spending data anomalies.

**Sources:** MACPAC analysis of Medicaid Statistical Information System (MSIS) data and CMS-64 Financial Management Report (FMR) net expenditure data from CMS as of February 2014.